

INFANT MEAL RECORD: Sponsor: _____ Month/Year: _____ Infant Name: _____ Age: _____ months

Type of Breast Milk and/or Iron Fortified Infant Formula: _____ Comments: _____

Use the infant meal pattern per age on the left and parent/medical feeding guidance to record the amount of breast milk and/or iron fortified infant formula and food *offered* to the infant. For *required* components, minimum amounts must be offered except with breast milk (see Breastfed Infants note) or with a medical statement.

Food Components	Meal Pattern for Infants			Date	Date	Date	Date	Date
Breakfast	0-3 MO	4-7 MO	8-11 MO	Amount Offered	Amount Offered	Amount Offered	Amount Offered	Amount Offered
Breast Milk or Iron Fortified Infant Formula	4-6 fl.oz.	4-8 fl.oz.	6-8 fl.oz.					
Iron Fortified Infant Cereal give type (rice, oatmeal, etc.)		0-3 T. (optional)	2-4 T.					
Fruit and/or Vegetable			1-4 T.					
Lunch	0-3 MO	4-7 MO	8-11 MO	Amount Offered	Amount Offered	Amount Offered	Amount Offered	Amount Offered
Breast Milk or Iron Fortified Infant Formula	4-6 fl.oz.	4-8 fl.oz.	6-8 fl.oz.					
Iron Fortified Infant Cereal give type (rice, oatmeal, etc.) <u>or</u> Meat, Poultry, Fish, Egg Yolk, Cooked Dry Beans or Peas or Cheese or Cottage Cheese		0-3 T. (optional)	2-4 T. 1-4 T. ½-2 oz. 1-4 oz.					
Fruit and/or Vegetable		0-3 T. (optional)	1-4 T.					
Snack	0-3 MO	4-7 MO	8-11 MO	Amount Offered	Amount Offered	Amount Offered	Amount Offered	Amount Offered
Breast Milk or Iron Fortified Infant Formula <u>or 100% Fruit Juice</u>	4-6 fl.oz.	4-6 fl oz.	2-4 fl. oz. Up to 4 oz.					
Infant Bread Alternate (optional) bread or crackers made from whole-grain or enriched meal or flour			0-½ slice <u>or</u> 0-2 crackers					

See supper and notes on next page

Supper	0-3 MO	4-7 MO	8-11 MO	Amount Offered	Amount Offered	Amount Offered	Amount Offered	Amount Offered
Breast Milk or Iron Fortified Infant Formula	4-6 fl.oz.	4-8 fl.oz.	6-8 fl.oz.					
Iron Fortified Infant Cereal give type (rice, oatmeal, etc.) <u>or</u> Meat, Poultry, Fish, Egg Yolk, Cooked Dry Beans or Peas or Cheese or Cottage Cheese		0-3 T. (optional)	2-4 T. 1-4 T. ½-2 oz. 1-4 oz.					
Fruit and/or Vegetable		0-3 T. (optional)	1-4 T.					

Breastfed Infants: Infants who regularly consume less than the minimum amount of breast milk per feeding may be offered additional breast milk when hungry.

Amount Offered: Divide the space to enter what the infant actually ate. Example: You offered 4 oz of formula and the infant ate 2 oz of formula: 4 oz / 2 oz.

Food Safety: Breast milk or formula remaining in the bottle after the feeding must be disposed of because of contamination. Bottles stored in the refrigerator for future feedings must be labeled with the infant's name. Bottles may not be placed in the infant's crib.

Resources: For information and guidance on feeding infants go to: www.fns.usda.gov/tn/Resources/feeding_infants.html

